

TEACHING SERVICE
APPLICATION FOR APPOINTMENT TO DIVISION II/III OF THE SERVICE
PART I
(to be completed by all applicants in triplicate)

A. Personal details (all relevant sections to be completed): orderly

1. **SURNAME: (MR/MRS/MISS)**.....
2. **CHRISTIAN NAMES, in full**.....
(1 and 2 to be completed in block capitals)
3. **Date of Birth:** 4. **Place of Birth:**
5. **Religious Denomination:** 6. **Marital Status**.....
7. **Children** { Male..... Aged years
Female Aged years
8. **Nationality** 9. **Passport/NRC No**.....
10. **Tribe:** 11. **Chief:**
12. **Village:** 13. **District:**

B. Education and Training:

WHERE EDUCATED AND TRAINED	DATES				STANDARD PASSED CERTIFICATE/S OBTAINED
	From		To		
	Month	Year	Month	Year	

c. Previous Experience:

NAME(S)OF PREVIOUS EMPLOYER/S	POSITION/S HELD	DATES				REASONS FOR LEAVING
		From		To		
		Month	Year	Month	Year	

D. I fully understand—

- (a) That under TS Regulation 37, I will be posted where I am needed and not necessarily to the Province of my choice;
- (b) That as a member of the teaching Service my official names and the only names to be used by me will be the ones on this form

Applicant's signature: Date.....

*A female employee who marries during the course of her service and is re-engaged will of course take her married name on re-engagement.

PART II

(To be completed by a Medical Practitioner)

I have examined.....
and find him/her fit for future employment as a.....
Remarks.....
.....
Date.....

Signature of Medical Practitioner

* In the case of an applicant who is not completing a course of Teacher training. This certificate must be completed before approval for the appointment of the applicant is sought. In the case of an applicant who is attending a Teacher Training College, the certificate must be completed not earlier than six months and not later than one month before the applicant is due to complete the course of training.

PART III

(To be completed by prospective employer)

1. Proposed appointment..... 2. Proposed Salary.....
3. Proposed date of first appointment.....
4. To fill vacancy/new post at..... school
5. Date..... *Signature*.....
Agency.....

PART IV

The appointment of the above named to the post of
..... in Division of the Service with initial salary at the rate
.....per annum in the scale.....is approved with effect
From 19.....

The applicant is to be appointed * on probation /as a temporary employee.

Future incremental date..... 19.....
Date.....

Permanent Secretary
Ministry of Education

* Delete as appropriate

PART V

(To be completed by students in Teacher Training Colleges)

I am attending the.....
Course at Training College
Languages spoken (for teaching purposes).....
.....
Agency and Province preferred, for first posting
Reasons for choice of Agency and preferred, for first posting.....
.....
My second choice is
Date.....

Signature of Student

PART VI

(To be completed by the Principal of the College)

I have checked the entries on this form with the student and I certify that to the best of my knowledge they are correct.

Date.....
Signature of Principal

LETTER OF APPOINTMENT

Staff TS No.....

PART I

To: Mr./Mrs./Miss
.....
.....

(Surname)

(Forenames)

}

**BLOCK
LETTERS**

1. You are appointed as a in Division
ONE, TWO OR THREE of the Zambia Teaching Service with effect from.....
....., 19....., * on probation/temporarily/as a confirmed employee.
2. Your commencing Salary is at the rate of a year in the scale
And your incremental date is
2. You are posted to school under Manager Group Number.....
And Pay Point Number.....
4. You are expected, so long as you are in the Service, to serve the youth of the country to the
Best of your ability and to uphold the highest standards of the teaching profession
5. if it is found that you are unable to perform efficiently the duties of your appointment, or if
U misconduct yourself, you may be discharged at notice.
6. You may be dismissed without notice if you repeatedly or seriously misconduct yourself or if
it is found that you are inefficient owing to negligence or idleness.
7. if you wish to resign you must give notice.
8. You are liable to serve in any part of the country.
9. The provisions of the Zambia Teaching Service Regulations and the Zambia Teaching Service
Pensions Regulations apply to you.
10. Special Conditions which apply to your appointment in accordance with the provision to
regulation 4 of the Zambia Teaching Service Regulations are attached.
11. You are expected to pass an efficiency Bar Examination before the
19.....failure to pass the examination by due to date will result in the withholding of
increments and may lead to your being discharged from the Service.

APPLICABLE ONLY TO TEACHERS ON TEMPORARY TERMS OF SERVICE ONLY

12. In the event of your marriage interfering in any way with the performance of your duties the right is reserved to terminate your appointment without notice.
13. Quarters will/will not be provided.

Place of engagement.....

Date:.....

Signed.....

*Delete if not applicable

PART II

Marital Status: Married/Single/Married Woman.....

National Registration No. and Date of Birth

Qualifications

.....

Certificate Nos.....

College at which trained.....

Please insert in the box below any payments made locally.

Date of Payment	Amount	
	K	N
Total		

Certified Correct.....

Designation(must be a duly authorized appointing officer)

PART III

I have received the original of this letter and a copy of the Zambia Teaching Service Regulations And agree to accept the terms thereof and to do my utmost to uphold the highest attendance of the teaching profession.

Date.....

Signature of Employee.....

NB-Teachers are reminded to complete TS form 26 in respect of any Government or Local Government accommodation allocated to them.

If salary payments are required through a bank or building society, mandate to this effect to be completed and attached to this letter.

DISTRIBUTION -ORIGINAL: To employee.

DUPLICATE: To be retained by employer.

TRIPLICATE: Provincial Record.

QUADRUPLICATE: To Ministry Headquarters

QUINTUPLICATE: To Mechanised Salaries Section, Ministry Headquarters

REPUBLIC OF ZAMBIA

TSC Form 1
20cm B200 6/81 P/F4



TEACHING SERVICE COMMISSION

Application for appointment to the Teaching Service

Form to be completed in quadruplicate by the applicant *in his own handwriting* and returned to the Secretary, Teaching Service Commission, P.O. Box 33644, Lusaka. Failure to comply with the instructions on the form may seriously delay consideration of the application. Every section must be completed; if space is insufficient, particulars should be continued on a separate sheet of paper

Candidate should clearly understand that the Teaching Service Commission will not consider their application for appointment until it is possession of acceptable evidence of their highest educational attainment and testimonials to cover stage of their career since leaving school.

1. APPOINTMENT DESIRED. (i.e. Primary, Secondary, Technical, Teacher Training, etc)

Post

3. PERSONAL DETAILS. (All relevant sections to be completed)

BLOCK CAPITALS { SURNAME MR. MRS. MISS.....
MAIDEN NAME (Married women and widows)
CHRISTIAN NAMES in full
ADDRESS (a) Residential
(b) Postal

(All communication will be sent to this address unless a change of address is notified in writing)

Date of Birth	Age last Birthday	Place of Birth	Nationality	Whether Single Married, widowed or divorced
(A birth certificate must be furnished if available: it will returned)			Passport No. and place of issue National Registration No.	
Religious Denomination				

Number of -----Sons Aged respectively -----years
Children -----Daughters Aged respectively -----years

Name	Nationality at Birth	Place of Birth	Occupation
Father			
Mother			
*Wife/Husband.....			

*Maiden name must be given in case of Mother and Wife. If dead, the above questions should nevertheless be answered.

Address of Father (if living).....

Have you resided in Zambia At any time during the past Three years!	Yes or No	If answer is 'Yes' state residential addresses in Zambia during that period.		
		Dates		Address
		From	To	
Have you previously been an applicant for employment in		Yes of No	If answer to (a), (b) or 'Yes', give particulars	
(a) This country in the Teaching Service "				
(b) The Zambia Civil Service or Zambia Police				
(c) The service of any other Government ..				
Knowledge of Languages other than English		Language	Fluency	
Ability in English		Written	Spoken	

4. EDUCATIONAL RECORD

(a) SCHOOLS

Dates		Name and Place of School	Examinations passed, Certificates and any distinctions gained in school work
From	To		

(b) UNIVERSITY/TEACHER TRAINING COLLEGE (or other institution)

Dates		University/Teacher Training Colleges, e. t. c.	Subjects read, Scholarships held or prizes won	Teaching Subjects Offered	
From	To			Subjects	At what level offered (e.g. Primary, Junior Secondary, 'O' level, 'A' level)
Degree, Diploma or Professional Qualification		Date obtained		Result or Class obtained in each part of course	
(if course not yet completed, give particulars and date of final examination)					

5. PREVIOUS TEACING RECORD (From completion of education to present time)

Dates		Name and Business of Employer	Address	Position held	Reason for leaving
From	To				

Note – it is important that full details (including dates) are given as this may affect the assessment of the starting salary. Documentary proof must be supplied to substantiate previous experience for it to qualify for incremental.

Salary in present employment (or in last employment if not present employed) K per annum.

If the whole of your career, including education, is not accounted for by your answers to sections 3,4 and 5, give further details to account for Gaps

6. HEALTH.

Are you strong, active, and free from Bodily injury or defect?	Yes or No	If answer is 'No', give particulars
Have you suffered from	Yes or No	If answer if 'Yes', give particulars
(a) Epilepsy or fits		
(b) Neurasthenia		
(c) Stomach ulcers		
(d) Impediment in speech ..		
(e) Any other serious illness?		
Have you ever left employment For medical reasons?	Yes or No	If answer if 'Yes' give particulars

7. CHARACTER.

Have you at any time—

Yes or No

- | | | |
|-----|--|-------|
| (s) | been CONVICTED or FOUND GUILTY of any offence by a Court Martial? | _____ |
| | (Offences disposed of by signature of an 'Admission of Guilt' without appearance before a Court need not Be mentioned.) | |
| (b) | had a summons or charge against you dismissed under any Probation of Offenders or similar Ordinance of Act? | _____ |
| (c) | Been Bound Over or placed on Probation without conviction for nay offence | _____ |
| (d) | Had a summons issued against you or any charge brought against you in respect of nay offence which has Not yet been disposed of? | _____ |

If the answer to one or more of the sections above is 'Yes', particulars of all offences must be given

Give in Block letters the names and addresses of two referees as to character who have given permission for their names to be used. They should be responsible persons who know you well, either in private life or in business, and one, at least, should be well acquainted with you in private life. The names of relatives must not be given.

- | | |
|-------------------------------|------------------------------|
| 1. Name..... | 2. Name |
| Address | Address..... |
| Occupation | Occupation |
| Period he has known you | Period he has known you..... |

8. WHEN AVAILABLE.

If you are present
In employment, what
Period of notice would
Your employer require?

if you are not in
employment, when
could you take up
Appointment?

9. DECLARATION

I declare that I have answered these questions truthfully and exactly and that I am not aware of any circumstances not disclosed in these answers which, if known, might rise doubts as to my honesty, sobriety or fitness for appointment to the Teaching Service. I understand that if I am appointed to the Teaching Service and this declaration or any of the particulars furnished by me are subsequently found to be false within my own knowledge, I shall be liable to dismissal.

Applicant's usual signature.....

Date

REPUBLIC OF ZAMBIA



MINISTRY OF EDUCATION, SCIENCE & VOCATIONAL TRAINING

MOESVT STATISTICAL TEACHER APPLICATION FORM 1

- Instructions:**
- i) The form must be completed in 4 copies by all qualified trained teachers from the recognized Universities and Colleges
 - ii) The application form must be submitted to the DEBS offices
 - iii) Everything must be in CAPITAL letters

1.0 PERSONAL INFORMATION						
1.1	Surname		Other Names		Contact No:	
1.2	National Registration Card No.		Gender	Nationality	Date of Birth	
1.3	Place of Birth	Village	Town/City	District	Province	Other (Country)
1.4	Languages(s) spoken	Marital status	Number of Children		Any disability	
1.5	College/University			Qualification obtained		
1.6	Area of specialization (for Secondary			Subject 1	Subject 2	
2.0 PREFERENCE OF POSTING						
2.1	1 st Choice	Province		District		
2.2	2 nd Choice	Province		District		
2.3	3 rd Choice	Province		District		

I fully accept that I will be posted where my services are needed and not necessarily to the Province of my choice.

2.4	Date:	Name:	Signature:
-----	-------	-------	------------

3.0 FOR OFFICIAL USE ONLY (Please fill in all the spaces)	
3.1	Received by (Name and Position)
3.2	Date: Institutional Ref. No.

Decision of Deployment Committee: Candidate posted to:

3.4	School	District	Province	Rural/Urban

The Permanent Secretary,
Ministry of Education,
P.O. Box 50093,
LUSAKA

ATTENTION: PERSONNEL DEPARTMENT
REGIONAL CLEARANCE CERTIFICATE

Please note that Mr/Miss/Mrs.....file no.....
Who was employed in this school as a(designation) has
retired/resigned/died/been dismissed on The officer owes the following pending
amount to GRZ, which must be received or withheld from his terminal payments
finalization of pending cases.

S/N	ITEMS	AMOUNT	DETAILS
1.			
2.			
3.			
4.			
5.			
6.			
Total			

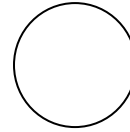
School date Stamp (Where applicable)	I certify that the above information is correct. Signature..... Full names and file no..... NOTE: Please prepare this form in 5 copies and send 4 copies to the Provincial Education Officer.
District Education Board Secretary's Date stamp (Where applicable)	I certify that the information is correct. Signature..... Full name..... Remarks if any.....
Provincial Education Officer's Date stamp.	I certify that the above information is correct. Signature..... Full names..... NOTE: Please check especially if officer was involved In any loss of public property or money and send two copies with a covering minute with your comments.

IN CONFIDENCE

To be submitted in original only

PSC Form No. 6

PUBLIC SERVICE COMMISSION



Application for Appointment to the Vacant Post of

.....
in the Ministry of:

ADVERTISEMENT No. of 20....

CLOSING DATE: 20....

PART A - To be completed by the Applicant in his own handwriting

PA

Surname: (IN BLOCK

Other Names: LETTERS) (S.....)

Date of Birth:

Present Ministry and Department:

Date of First Appointment:

Present Post held and Date of Appointment

thereto:

Education Standard:

Special Qualification (If any):

Government Training Courses attended and dates:

Government Examinations passed and dates:

Postal Address: Signature:

..... Date:

PART B - To be Completed by the Applicant's Supervising Officer

Details of the Applicant's duties during the past year:

.....

.....

.....

Personal Characteristics:

Recommended/Not Recommended:

Station: Signature:

..... Date:

PART C - To be Completed by the Permanent Secretary (or Senior Officer authorized by him)

General Comments:

Recommended/Not Recommended:

Signature: Date:

Rank:

Original to: Ministry of Finance
Duplicate to: Head of Department
Triplicate (When used as an arrival advice only)
to: Personnel Division

Accounts Form No. 81
Stocked by Govt. Printer

REPUBLIC OF ZAMBIA

ARRIVAL ADVICE AND PAYMENT OF SALARY

Establishment File No.....

Finance File No:.....

To be completed by each officer immediately on his return from vacation leave, arrival on first appointment, or whenever it is desired to amend the method of paying salary.

THE SENIOR FINANCE OFFICER (SALARIES)
MINISTRY OF FINANCE
P.O. BOX 50062
LUSAKA

1. SURNAME (in CAPITAL LETTERS)
- FULL CHRISTIAN NAMES (in CAPITAL LETTERS)
- NATIONAL REGISTRATION NUMBER.....
- WORK PERMIT NUMBER WHERE applicable.....
- DEPARTMENT..... POST HELD.....
- CONDITIONS OF SERVICE - Contract/Probation/Permanent/Temporary.

returned of vacation leave

2. I have to inform you that I have ----- on
Arrived on first appointment

.....20.....and have been posted to

3. I returned by Vessel/Flight which left.....
On in cabin.....Grade and I disembarked
at.....on.....20.....

4. I was accompanied by wife and family.
5. I was not accompanied by my wife and family, when I expect to arrive in the Republic about
.....and of whose arrival I will advise you immediately upon their return
6. I reported for Duty on 20.....
7. Until further notice I wish my salary to be paid.
(a) To Bank at Branch.....
(b) By open cheque at my own risk.....

N.B. - Delete words or paragraphs not applicable.

....., 20.....

.....

Officer's Signature

....., 20.....

.....Permanent Secretary/Head of Dept.

OFFICERS ARE REMINDED OF THE NECESSITY TO COMPLETE APPROPRIATE RENTAL FORMS

Payment of Salary by Open Cheque

Officers requiring payment by open cheque are requested to note carefully that payment by this means will be at made their own risk. Replacement of an open cheque which has miscarried or has been lost will only be made on completion of the appropriate Form of Indemnity. A specimen Form of indemnity is printed below.

In the event of a refusal to sign in indemnity Form no replacement cheque will issued until the original Cheque which has been lost, miscarried, etc., has become stale (i.e., after six months have elapsed)

Specimen Form of Indemnity

CERTIFICATE OF INDEMNITY

In Consideration of the issue to me of a replacement of uncrossed cheque no
K..... in payment of
Which I have (lost not received, etc) I agree to indemnity the Zambia
Government, the drawer of the cheque against loss whatsoever in connection therewith, and I agree to refund
The sum of K.....in the even of the original cheque No.....being paid
Provided the Zambia Government undertakes to stop payment of the cheque at the Bank on which it is drawn,
in the form s on the advice to the Bank generally used for this purpose.

Signed.....

As Witness

.....

Date

DISTRIBUTION:

Original to: Officer
Copy to: Permanent Secretary to Ministry

ZPS II Form IIB
Stocked by Govt. Printer

ZAMBIA PUBLIC SERVICE (LOCAL CONDITIONS)

APPLICATION FOR LEAVE (OTHER THAN SICK LEAVE)
FOR A PERIOD OF LESS THAN THIRTY DAYS

(Officers in Division I,II and III)

To be completed and forwarded in **TRIPLICATE TO THE** to the Senior Human Resource Management Officer as early as possible before the proposed date of departure

PART I

(To be completed by applicant)

Name: Staff. No.

Appointment Station.....

Ministry

Date of commencement of present period of qualifying service

Service in months since (a) above at date of proposed leave.....

Division in which serving Rate of leave days a month

Leave granted since (a) above days

Leave applied for days. The first of which is to be

Duty to be resumed on

Address during leave

.....

.....

Date..... Signature of Applicant.....

PART II

(To be completed by the Secretary, Teaching Service Commission)

Leave applied days

Signature.....

Date..... Designation.....

REPUBLIC OF ZAMBIA

FORM OF VITAL STATISTICS (General Order No. 10)

1. Name of Officer in full:
2. Date of Birth:
3. Place of Birth:
4. Nationality of Parents: Father:..... Mother:
5. Religion:
6. Title of Appointment:
7. Date of Marriage: Date of Birth of Wife:.....
Maiden and Christian names of wife:
.....
8. Children

Date of Birth	Name	Sex	Remarks
.....			
.....			
.....			
.....			
.....			

9. (To be completed by married women only)

Name of Husband in full:.....

Address of Husband

Husband's present occupation:

- (i) Names and addresses parents and/or other relations or friends whom you should wish to be notified in the event of serious illness or rather emergency

(a) Name:

Address:

Relationship if any):.....

(b) Name:

Address:

Relationship if any):.....

Date:

Signature:.....

Note: The Permanent Secretary (Personnel) must be informed if any amendment

REPUBLIC OF ZAMBIA
FORM OF ACKNOWLEDGE OF LIABILITY FOR LOSS OR DAMAGE
TO OFFICERS' PERSONAL EFFECTS

Note on Liability for loss or Damage to Officers' Personal Effects

The liability of the Government in respect of loss or damage to officers' personal effects is governed by General Order 505, which reads as follows:

'505. (a) Government will accept no liability for loss or damage to an officer's personal effects, with the exception referred to in paragraph (b) of this Order, unless the loss or damage occurred in circumstances where the government might legally be liable.

'(b) where an officer and his family are traveling by train at Government's expense, government will assume liability to the same degree as that which the railway company assumes towards the holders of an ordinary ticket. This applies to an officer traveling by passenger train on duty or on transfer or going to and from leave with concession tickets, and to an officer traveling on duty by goods train.

'(c) In special circumstances Government will assume the liabilities of a common carrier, that is, it will pay compensation if loss or damage is proved although this has been caused by negligence. These circumstances relate to the properly authorized carrying of an officer's effects by Government transport-

'(i) when the officer is traveling on duty in Zambia, and when, if he had used public transport Government would have paid the cost of carrying his effects; or

'(ii) when an officer is stationed at a place which is not served by public transport, and his effects including households supplies are being carried in Government transport making the journey on duty.

Government's liability in these cases is limited to K20 for specified articles including gold, jewellery, watches, clocks, pictures, plate glass, china and furs, unless the individual values of these articles have been declared in advance. Full compensation may be paid if the loss or damage can be shown to be due to the negligence of a government employee, other than the officer himself.

'(d) Except as provided in paragraph (c) above, Government will accept no liability when government transport is authorized to carry an officer's personal effects between one set of Government quarters and another at the same station, or between government quarters and the officer's house, or between the officer's Government quarters or house and any place where effects are to be stored or have been stored.

'(e) Government will accept no liability when an officer's personal effects are carried by a commercial contractor.

'(f) Government will accept no liability for loss or damage to an officer's effects which are kept in Government store, even though loss or damage may have resulted from the negligence of a government employee. Before an officer's effects are accepted for storage in a government Store, he must sign a form accepting this condition.

'(g) When an officer's effects are stored in a Government store during his leave, his written agreement must be obtained before the effects are moved to another station.

'(h) The cost of insuring an officer's effects will not be paid by government. Officers must make their own arrangements with insurance companies.

Part II of this form, below, should be completed, detached and returned to the Permanent Secretary (Personnel Division), Lusaka

TO: THE PERMANENT SECRETARY (PERSONNEL DIVISION)
LUSAKA

PART II

I, ... have received a copy of CS Form B25 Part I-a note on Liability for Loss or Damage to officers' Personal Effects – and am aware of my own liability in respect of any loss or damage to my personal effects.

Signature.....

Title.....

Date.....

**DECLARATION AND UNDERTAKING TO BE SIGNED BY
PERSONS WHO MAY WORK ON OR HAVE ACCESS TO
MATTERS AFFECTING STATE SECURITY**

My attention has been drawn to the State Security Act, 1969 (Act 36 of 1969), the principal provisions of which are set out hereunder. I undertake to comply with all the provisions of the Act and I am fully aware of the serious consequences, which may follow any breach of such provisions.

Signed:.....

Witnessed:

Name:

Name:

(BLOCK CAPITALS)

Date:

**THE STATE SECURITY ACT, 1969 ACT NO. 1969)
(SECTIONS 2 (PART), 3,4,5,6,7,8,9,12 (1), 18 (1)**

2. In this Act, unless the context otherwise require-
'classified matter' means any information or thing declared to be classified by an authorized officer
3. Any person who, for any purpose prejudicial to the safety or interests of the Republic-
- (a) approaches, inspects, passes over, is in the vicinity of or enters any protected place;
 - (b) makes any sketch, plan, model or note or in any manner whatever makes a record of a or relating to any thing which might be or is intended to be directly or indirectly useful to a foreign power or disaffected Persons;
 - (c) obtains, collects, publishes or communicates to any person any code, password, sketch, plan, model, note or other document, article or information which might be or is intended to be directly or indirectly useful to a foreign power to disaffected persons;
 - (d) without lawful excuse damages, hinders or interferes with, or does any act which is likely to damage, hinder or interfere with any necessary service or the carrying on thereof shall be guilty of an offence and liable on conviction to imprisonment for a period not exceeding twenty-five years.
4. (1) Any person who has in his possession or under his control any code, password, sketch, plan, model, note or other document, article or information, which relates to or is used in a protected place or anything in such a place, or which has under the Government or which he has obtained or to which he has had access owing to his position as a person who holds or has whole or in part is carried out in a protected place, or as a person who is or he has been employed by or under a person who holds or has held such an office or is or was a party to such a contract, and who-
- (a) uses the same to any manner or for any purpose prejudicial to the safety or interests of the Republic; or
 - (b) communicate the same to any person other than a person to whom he is authorized to
 - (c) fails to take proper care of, or so conducts himself as to endanger the safety or, the same or
 - (d) retains the sketch, plan, model, note, document or article in his possession or under his control when he has no right or when it is contrary to his duty so to do, or fails to comply with any lawful directions with regard to the return or disposal thereof;
 - (e) shall be guilty of an offence and liable on conviction to imprisonment for a term not exceeding twenty years.
- (2) Any person who has in his possession or under his control any sketch, plan. Model, note or other document, article or information, relating to munitions of war and who communicates it directly or indirectly to any person in any manner for any purpose prejudicial to the safety or interests of the Republic shall be guilty of an offence and liable on conviction to imprisonment for a term not exceeding twenty years.
- (4) Any person who receives any code, password, sketch plan, model, note or other document, article or information, knowing or having reasonable grounds to believe at the time when he receives in that the same is communicated to him in contravention of the provisions of this Act, shall, unless he proves that the communication thereof to him was against his wish, be guilty of an offence and liable on conviction to the penalty prescribed in sub section (1)
- (4) Any person who communicates to any person, other than a person to whom he is authorized by an authorized officer to communicate it or to whom it is in the interests of the Republic his duty to communicate it, any information relating to the defence or security of the Republic shall be guilty OF an offence and liable on conviction to imprisonment for a term not exceeding twenty years.
- (6) For the purpose of subsection (4) 'information relating to the defence or security of the Republic ' includes (but without derogating from the generality or the ordinary meaning of the expression) information relating to the movements or locations of the Defence Force or to the Police Force, the steps taken to protect any vital installations or protected places, and the acquisition or disposal of munitions or war.

REPUBLIC OF ZAMBIA

**FORM OF ACKNOWLEDGEMENT OF LIABILITY FOR LOSS OR DAMAGE TO
OFFICERS' PERSONAL EFFECTS**

Note on Liability for loss or Damage to Officers' Personal Effects

The liability of the Government in respect of loss or damage to officers' personal effects is governed by General Order 505, which reads as follows:

'(a) Government will accept no liability for loss or damage to an officer's personal effects, with the exception referred to in paragraph (b) of this Order, unless the loss or damage occurred in circumstances where the Government might legally be liable.

'(b) Where an officer and his family are travelling by train at Government's expenses, Government will assume liability to the same degree as that which the railway company assumes towards the holders of an ordinary ticket. This implies to an officer travelling by passenger train on duty or on transfer or going to and from leave with concession tickets, and to an officer travelling on duty by goods train.

'(c) In special circumstances Government will assume the liabilities of a common carrier, that is, it will pay compensation if loss or damage is provided although this has been caused by negligence. These circumstances relate to the property authorised carrying of an officer's effects by Government transport-

- (i) When the officer is travelling on duty in Zambia, and when, if he had used public transport Government would have paid the cost of carrying his effects; or
- (ii) When an officer is stationed at a place which is not served by public transport, and his effects including household supplies, are carried in Government transport making the journey duty.

Government's liability in these cases is limited to K20 for specified articles including gold, jewelry, watches, clocks, pictures, plate glass, china and furs, unless the individual values of these articles have been declared in advance. Full compensation may be paid if the loss or damage can be shown to be due to the negligence of a Government employee, other than the officer himself.

'(d) Except as provided in paragraph (c) above, Government will accept no liability when Government transport is authorized to carry an officer's personal effects between one set of government quarters and another at the same station, or between Government quarters and the officer's house, or between one set of Government quarters and another at the house and any place where his effects are to be stored or have been stored.

'(e) Government will accept no liability when an officer's personal effects are carried by a commercial contractor.

'(f) Government will accept no liability for loss or damage to an officer's effects which are kept in a Government Store, even though loss or damage may have resulted from the negligence of a Government employee. Before an officer's effects are accepted for storage in a Government store, he must sign a form accepting this condition.

'(g) When an officer's effects are stored in a Government store during his leave, his written agreement must be obtained before the effects are moved to another station.

'(h) The cost of issuing an officer's effects will not be paid by Government. Officers must make their Own arrangements with insurance companies.'

Part II of this form below should be completed, detached and returned to the Permanent Secretary (Personnel).

Lusaka

Part II

To: THE PERMANENT SECRETARY (PERSONNEL)
LUSAKA

I, ...have received a
Copy of CS Form B25 Part I – a Note on Liability for Loss or Damage to Officers' Personal Effects – and am aware of my own liability in respect of any loss or damage to my personal effects.

Signature.....

Title.....

Date.....

REPUBLIC



OF ZAMBIA

TS Form 8

Stocked by Min. Of Ed. and Culture

IN CONFIDENCE

TEACHING SERVICE

RECOMMENDATION FOR CONFIRMATION

(Parts I and II to be completed in triplicate. Original and duplicate to be forwarded to chief Education Officer, triplicate to be retained by Manager. Part IV to be completed by Education Officer.)

PART I MEDICAL CERTIFICATE

1. Name TS No.

2. Appointment Date of first Appointment

(Items 1 and 2 to be completed by Manager)

3. I have examined the above named and find *him/her/unfit for permanent employment as a

.....

Remarks

.....

Date.....

Medical Practitioner

(*Delete where not applicable)

Part II

RECOMMENDATION BY EDUCATION OFFICER/HEADMASTER

1. The above named has served on probation from
to date and, being eligible for confirmation in appointment on
20..... has expressed the wish to be so confirmed.

2. Present Salary is in Scale

3. Proficiency and progress in appointment.....

.....

.....

.....

.....

.....

4. Conduct and character (details or any adverse report or disciplinary action since date of first appointment must be given).....

.....

.....

.....

.....

5. Year in which Efficiency Bar Examination passed, where applicable

6. General Remarks.....

.....

.....

7. I recommend that Mr/Miss.....

Be confirmed in appointment with effect from the date on which service on probation commenced

.....20.....

Date.....

Education Officer/Headmaster

[PTO]

PART III

THE PERMANENT SECRETARY

MINISTRY OF EDUCATION AND CULTURE

1. Particulars of this employee given in Parts I and II of this recommendation are correct, according to record

2. The Teaching Service recommends:-

*Mr/Miss..... be confirmed in

Appointment with effect from 20.....

*that Mr/Miss.....should not be confirmed in

Appointment, for the following reason/s.....

.....
.....
.....
.....

Date.....

Provincial Education Officer

*Delete where not applicable

ORIGINAL: To be forwarded

DUPLICATE: To be retained for Provincial records

PART IV

A. PERSONAL PARTICULARS:

1. Full name 2. Nat. Reg. No.....

3. Tribe..... 4. Village.....

5. Chief 6. District.....

7. Approximate date of Birth.....

[illegible][illegible][illegible]

[illegible]

ZAMBIA POLICE

APPLICANT FOR EMPLOYMENT IN THE PUBLIC SERVICE
OR NON-CRIMINAL INQUIRY

Name
(BLOCK LETTERS)

For use in C3

Alias.....

OEB No.....

Nationality.....

CB/CP No.....

Applicant for

Class.....

Station.....

RIGHT HAND

1. R. Thumb	2. R. Fore Finger	3. R. Middle Finger	4. R. Ring Finger	5. R. Little Finger

LEFT HAND

1. L. Thumb	2. L. Fore Finger	3. L. Middle Finger	4. L. Ring Finger	5. L. Little Finger

LEFT HAND	IMPRESSION OF THUMBS		RIGHT HAND
Impression of LEFT fingers taken Simultaneously	Impression of THUMBS taken Simultaneously		Impression of RIGHT fingers taken Simultaneously
	Left Hand	Right Hand	

(Fold)

(Fold)

Finger prints taken by..... No..... Rank..... Date

Classified by..... Identified with criminal record.....

Checked by No criminal record.....

Tested by

APPLICATION FOR ADVANCE OF SALARY

(Read notes before completing the form)

Part I

(To be completed by the applicant)

Full Name of Applicant: _____

Designation: _____

Department/Ministry/Province: _____

Man Number: _____

To: The Controlling Officer: _____

Ministry/Department/Province: _____

P.O. Box: _____

I hereby apply for an advance/special advance of salary amounting to K _____ (_____ Kwacha) in accordance with the provisions of General Order *E10/E11 on the following

State } _____
Grounds } _____
Here } _____

I request that the advance be recovered in _____ monthly installments commence month of _____, 19_____

Station: _____

Signature of Applicant

Date: _____

PART II

(To be completed by the Salaries or Accounts section of the applicant's Ministry/Department/Province)

I have verified the officer's salary slip for the month of _____ 19 _____ and *his/her is K _____ per month.

The deduction which are being made from *his/her salary amount to K _____ and take -home pay amount to K _____ where as _____ % of *his/her gross salary. *He/her advances of outstanding in *his/her name balance K _____ outstanding in against previous advance.

Signature of Verifying

Name: _____

Date: _____

Department: _____

PART III

(To be completed by the officer authorized to approve the advance of salary)

* I approve the Advance of K_____ Kwacha
to the officer. The amount should be recovered in _____ Monthly installment commencing the month of
_____, 19_____

The advance is not approved. Please arrange to inform the officer accordingly.

Signature of Officer

Name: _____

Date: _____

Designation _____

PART IV

(To be completed by the Salaries Officer responsible for making payment and arranging recoveries)

* Payment of K _____ (_____ Kwacha
has been made by cheque No. _____ recovery of the advance has been arranged in _____
monthly installments commencing the month of _____, 19 ____ last installment in the month of
_____, 19 _____

* The Officer has been informed that his application has not been approved.

Signature of Officer

Name: _____

Date: _____
Checked

Designation _____

Signature of Internal Auditor

Name: _____

Date: _____

Copy sent to the Auditor-General on _____ (Date)

NOTES: * Delete as appropriate

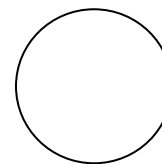
- (1) The application should be completed and submitted in triplicate
- (2) An applicant for salary advance may be required to furnish documentary proof of his/her application.
- (3) No application for advance of salary will be considered whilst there is an outstanding balance to be recovered in respect of an earlier advance. For this purpose an advance will not be considered to have been recovered until the last day of the month in which the final recovery installment is made.
- (4) After approval all the three copies should be submitted to the paying officer.
- (5) The paying officer shall arrange to recover the advance in not more than six installments as directed by the approving officer immediately after payment. Where the recipient of the advance is paid through the mechanized salary system, the necessary input shall be submitted to the computer before it closes for the next run in all cases recovery shall be arranged through the appropriate will be sent to such authority responsible for paying salary to the officer and a copy of the approved application will be sent to such authority to facilitate this to be done. On no account shall recoveries be postponed or delayed.
- (6) A copy of the approved application form should be sent to the Auditor-General for his record after payment of the advance has been made (Personnel Division Circular No. B4 of 1979 refers).
- (7) A copy of the approved application will be filed in the officer's salary file for record and audit.

CONFIDENCE

To be completed only by citizens of
Zambia seeking permanent employment

REPUBLIC OF ZAMBIA**PUBLIC SERVICE COMMISSION**

PSC Form No. 6

**Application for Appointment to the Civil service
(to be submitted in duplicate)****IMPORTANT**

Candidates should clearly understand that the Public Service Commission will *not* consider theory application for appointment until it is in possession of acceptable evidence of their highest educational attainment and testimonials to cover *every stage* of their career since leaving school.

All sections of their application form must be completed. This form is to be completed by the applicant in his own handwriting and returned to the Secretary, Public Service Commission, P.O. Box 50138, Lusaka

1. **Appointment desired.** (Application for more than one post may be made. Posts should be listed in order of preference)

Post	Ministry

2. Personal details

BLOCK CAPITALS	{	SURNAME, Mr. Mrs. Miss.....				
		MAIDEN NAME (Married women and widows)				
		CHRISTIAN NAMES in full.....				
		HOW LONG HAVE YOU BEEN IN ZAMBIA.....				
		ADDRESS (a) Residential.....				
		(b) Postal.....				
		(c) Telephone No. (if available).....				
		(All communications will be sent to this postal address unless a change of address is notified in writing)				
Date of Birth	Age last birthday	Place of birth	Nationality	National Registration Card Number	Whether single, married, widowed or divorced	
(if in possession of a birth certificate it must be produced)						
Village/Town			Chief.....			
			District.....			
Number of	Sons		Aged respectively.....years			
Children	Daughters		Aged respectively years			

Residential Physical Address
.....
.....
.....
Cell:.....

STA Form 1



REPUBLIC OF ZAMBIA

MINISTRY OF GENERAL EDUCATION

MOGE STATISTICAL TEACHER APPLICATION FORM 1

- Instructions:**
- (i) The form must be completed in 4 copies by all qualified trained teachers from the recognized Universities and Colleges
 - (ii) The application form must be submitted to the DEBS offices
 - (iii) Everything must be in CAPITAL letters
 - (iv) Attach certified photocopies of Grade 12 results, College/University and NRC

1.0 PERSONAL INFORMATION						
1.1	Surname (In CAPITAL Letters)		Other Names			
1.2	12.1 National Registration Card Number.	1.2.2 Female	1.2.3 Male	1.2.4 Nationality	1.2.5 Date of Birth	
1.3	Place of Birth	Village	Town/City	District	Province	Other (Country)
1.4	1.4.1 Languages(s) spoken	1.4.2. Marital status	1.4.3. Number of Children		1.4.4 Any disability	
1.5	College/University			Qualification to be obtained		
1.6	Area of specialization (for Secondary School Teachers Only)			Subject 1	Subject 2	
2.0 PREFERENCE OF POSTING						
2.1	1 st Choice	Province			District	
2.2	2 nd Choice	Province			District	
2.3	3 rd Choice	Province			District	

I fully accept that I will be posted where my services are needed and not necessarily to the Province of my choice.

2.4	Date:	Name:	Signature:
-----	-------	-------	------------

3.0 FOR OFFICIAL USE ONLY (Please fill in all the spaces)	
3.1	Received by (Name and Position)
3.2	Date: Institutional Ref. No.
3.3	

Decision of Deployment Committee: Candidate posted to:

3.4	School	District	Province	Rural/Urban

This form must be completed in time the District Education Board Secretary to deploy candidates before the University/College closes for they



REPUBLIC OF ZAMBIA

APAS FORM 1

CONFIDENTIAL

Issued by: THE PERMANENT SECRETARY
PUBLIC SERVICE MANAGEMENT DIVISION

ANNUAL PERFORMANCE APPRAISAL (APAS) FORM

Please read these instructions carefully:

1. This Appraisal Form is confidential and an official record (i.e not to be communicated to unauthorized persons).
2. No officer should attempt to use this form unless he/she is well acquainted with the detailed instruction of the appraisal process given in the APAS USER GUIDE and the APPENIX to this form.
3. As the Supervisors and their respective subordinate complete this form they should bear in mind that the information they are providing is subject to open discussion.
4. The Appraisee should complete Part 1. Human Resources and Administration should initiate the process by ensuring that the APAS forms are given to the officers to be appraised.
5. Both the supervisor and the job-holder must separately and independently complete their appropriate parts of the APAS form. Excluding Part 4. A date, must then be set by the Supervisor for the appraisal interview. Which should normally be within 24 hours from the date of completion of the form.
6. At the end of the appraisal interview the job-holder should provide his/her comments as required in Part 4.
7. After the appraisal interview. 3 copies of completed forms must be made and distributed as follows: one copy to be retained by the department/division, one copy to be retained by the ministry and one copy to be sent to Public Service management Division. Job holders wishing to retain a form should be allowed to photocopy it.
8. Appropriate follow-up action should then be taken on the outcome of the Appraisal.
9. All entries on the APAS Form must be made in ink.

PART 1: PERSONAL PARTICULARS (To be completed by the Appraisee but initiated by the Human Resource and Administration Department).

ANNUAL PERFORMANCE APPRAISAL FOR THE PERIOD:

(Month) **01ST JANUARY, 20....** TO (Month) **31ST DECEMBER, 20...**

S^T

SURNAME: OTHER NAMES:

JOB TITLE:**TEACHER** SALARY GRADE:

DATE OF APPOINTMENT TO PRESENT POST:

MINISTRY/PROVINCE: **MINISTRY OF GENERAL EDUCATION,**..... **PROVINCE**

DEPARTMENT: **EDUCATION**

STATION: **SCHOOL**

PART 2: WORKPLAN AND PERFORMANCE (To be completed by Appraisee or Supervisor as indicated)

2.1 Purpose of the Job (To be completed by Appraisee)

(As in the job Description) ***To teach effectively in order to impart relevant knowledge, skills and values.***

2.2 **Key Result Areas and Principal Accountabilities** (To be completed by Appraisee)

KEY RESULT AREA	PRINCIPAL ACCOUNTABILITY
TIME TABLE	Time table should be prepared in line with the syllabus derived from the national curriculum
CLASS LISTS	Class lists for classes allocated to should be prepared and filed in the teaching file before any teaching resumes to that given class.
SYLLABUS	The syllabus for that given subject or program should be filed in the teaching file.
SCHEMES OF WORK	Schemes of work should be prepared in accordance with the syllabus of a given subject or program. Plans appropriately teaching and learning activities to ensure smooth delivery of knowledge and skills.
LESSON PLANS	Lesson plans must be prepared accordance with the schemes derived from the syllabus of each subject or program.
TEACHING	Teach effectively in order for pupils to acquire relevant knowledge, skills and attitudes.
RECORDS OF WORK	Records of work must reflect what is in the schemes of work and lesson plans as well as all areas of concerns must be indicated to help in mitigating the problem identified.
TEACHING AND LEARNING AID	All teaching and learning aids must be prepared in accordance with the lesson to be taught on each contact time with learners.. Use of local resources in developing lesson plans should be taken into consideration all the time.
ASSESSMENT	Pupils assessment should be in line with the lesson plans and schemes of work on both formal and informal assessment Assesses regularly the performance of pupils in order to determine and supply appropriate interventions.
CLASS MANAGEMENT	Classroom should always be conducive for any learning to take place Supervise and control effectively class activities in order to create order and a conducive learning atmosphere.
CO-CURRICULAR ACTIVITIES	Organizing and co-ordinating all co-curricular activities offered in the in the school.

Targets set during appraisal period and the rating (The Appraisal completes the first two columns for KRA and Targets, as agreed with Supervisor while the rating be completed by the Supervisor using the key below)

KEY RESULT AREA	TARGET	RATING
TIME TABLE	Time table must be ready a week before school re-opens	
CLASS LISTS	Class lists must be ready before any teaching resume	
SYLLABUS	The syllabus for that given subject or program should be filed in the teaching file.	
SCHEMES OF WORK	Schemes of work should achieve intended targets and must be ready before schools re-opens.	
LESSON PLANS	All lesson plans prepared must achieve intended goals of the lesson and no teaching should take off in class without a lesson plan.	
TEACHING	To make sure that all pupils understand the topic being taught and this will be observed through assessment on learnt material.	
RECORDS OF WORK	Records of work must reflect what was taught to the pupils and the challenges faced during the teaching must be reflected and their possible remedies.	
TEACHING AND LEARNING AID	The teaching and learning aid should be prepared before actual teaching in accordance with lesson plan.. The use of local resources should be encouraged in developing learning and teaching aids.	
ASSESSMENT	Assessments should done accordingly and timely in order to know whether the pupils understood the topic taught and if the performance indicate otherwise the remedies should be provided.	
CLASS MANAGEMENT	To create a conducive environment for every pupil to learn freely and encourage critical thinking and problem solving in areas of need.	
CO-CURRICULAR ACTIVITIES	To ensure that all school co-curricular targets are achieved if possible and help learners discover their talents.	

*KEY: Above Target = 3 On Target = 2 Below Target = 1 Overall Target Rating** =

** Overall rating total divided by the number of targets.

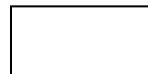
2.4 **Comments by the Appraiser on targets:**

a) Achieved:

b) Not Achieved:

Signature: Date:

For Public Service
Management Division
Official use only



2.5 Comments by the Supervisor on targets;

c) Achieved:

d) Not Achieved:

Signature:.....Date:.....



2.6 Additional contributions made by the Appraiser to Ministry/Department (to be completed by the Supervisor)

Signature:.....Date:.....

PART 3: PERFORMANCE COMPETENCIES (To be completed by Supervisor using rating key* below)

3.1	<u>COMPETENCIES/ATTRIBUTES</u>	<u>Rating*</u>
a.	Management/Supervisory Skills:- Ability to guide others towards meeting set goals and objectives.	
b.	Job knowledge: Level of understanding and ability to apply knowledge and skill to perform the job.	
c.	Quality of Work: The degree to which an employee applies himself/herself in performing work to the required standards i.e. completes his/her work with accuracy, minimal error.	
d.	Promptness in completing assignments: Completing assignments on time.	
e.	Dependability: Ability to follow instructions, maintain good conduct, time-keeping and devotion to government duties.	
f.	Accountability: Willingness to shoulder responsibility and to be answerable for the achievement/non achievement of objective.	
g.	Initiative and Creativity: Ability to be innovative, resourceful, creative, promote new ideas and resolve problems within or outside set guidelines.	
h.	Communication skills: Ability to communicate effectively both orally and in writing.	
i.	Tact and Courtesy: The employee's sensitivity, integrity, politeness and temperament in dealing with others.	
j.	Attitude: Interest shown towards the job.	
i.	Adaptability: Ability to copy with ideas, work environment, technologies as well as ability to get along with superiors, peers and subordinates.	
j.	Team work: Co-operation with fellow workers and supervisors and promoting an environment which Encourages open communication and consensus.	

Overall Rating Competencies/Attributes**

3.2 What type of follow-up action do you recommend for the appraisee?

For Public Service
Management
Division
Official Use
Only

Date:.....Signature:.....

Name:.....Job Title:.....

*Rating key Outstanding = 4 Good = 3 Fair = 2 Poor =1 Non Applicable = X
 **Overall rating on Competencies/Attributes is total rating divided by the number of Competencies/ Attributes rated.

PART 4: COMMENTS ON APPRAISAL

- 4.1 Comments by Appraisee.
The appraisal ratings and comments were discussed with my Supervisor and my comments are:

Date:

Signature:.....

- 4.2 Comments by Countersigning Officer (Refer to paragraph 13 of the user Guide. Delete which is not applicable)
I, as countersigning officer, agree/disagree with the appraisal made by the supervisor because of the following reasons:

Signature:.....Name:.....

Title:.....Date:.....

- 4.3 **Comments by Permanent Secretary** (Delete which is not applicable)
I, Permanent Secretary, agree/disagree with the appraisal made by the supervisor because of the following reasons:

Signature:.....Name:.....

Date:.....

PART 5: ACTION TO BE TAKEN BY PSMD (To be completed by Public Service Management Division)

- 5.1

APAS Form Received by PSMD

Date:.....Signature:.....
- 5.2

APAS Information Computerized

Date:.....Signature:.....
- 5.3

APAS Referred To Staff File

Date:.....Signature:.....

(When completed please send back the cut-off slip below to Originating station)

Cut here

STAFF No:

Name:.....

Job Title:.....

Ministry/Province:.....

Department:.....Station:.....

Date Form Received:.....Date Information Computerized:.....

Signature:.....Date:.....

Job Title:.....

THE INTERPRETATION OF APAS FORM

PART 1:

1. It is important to ensure that relevant files and documents are consulted when completing this part.

PART 2:

1. **Purpose of the job:** This is a brief statement on why the job exists/ what it intends to achieve, as stated in the Job Description.
2. **Key Result Areas and Principal Accountabilities:** These should be as stated in the Job Description.
3. **Targets set during Appraisal Period against each Key Result Area:** These should be as agreed with the supervisor. When completing Part 2.3, the appraisal should take note that one KRA can have more than one target.
4. **Comments by Appraisee on targets achieved/not achieved:** This should give an account of attributes/factors that contributed to the achievement/non-achievement of targets set.
5. **Comments by Supervisor on targets achieved/not achieved:** This should give an account of attributes/factors that contributed to the achievement/non-achievement of targets set.
6. **Additional Contributions made by Appraisee:** This Should give a brief account on the significant contributions made, if any, by the appraisee to the Ministry/department.
7. When making comments on targets not achieved, the supervisor and appraisee may ensure that they take into account:- Financial Resources, Equipment and tools, Staffing levels, Health related, Unrealistic targets, Lack of support/co-operation, Negligence, Incompetence.

PART 3:

1. The follow up action to be taken is a recommendation made by supervisor taking into account the rating on both the targets and performance competencies. This recommendation could either relate to skills development, reward or sanction.

PART 4:

1. In Part 4.1 job-holders are expected to be open and free to express themselves, giving reasons for their comments on whether they agree or disagree with the assessment by the supervisor.
2. In Part 4..2 and 4..3 the countersigning officer and the Permanent Secretary, respectively, are expected to approve or Otherwise the submissions from the supervising officer.

PART 5:

1. PSMD is expected to promptly update the human resource information data bank, for use in effectively managing the human resource in the Public Service. PSMD will also acknowledge receipt of the Appraisal form.



REPUBLIC OF ZAMBIA

PAS FORM 1

CONFIDENTIAL

Issued by: THE PERMANENT SECRETARY
PUBLIC SERVICE MANAGEMENT DIVISION

PERFORMANCE APPRAISAL (PAS) FORM

ANNUAL/INCREMENTAL/CONFIRMATION/PROMOTION (Delete which is applicable)

Note: 1. **Confirmation** and **Promotion Appraisals** to be channeled to **Teaching Service Commission**
2. **Annual** and **Incremental Appraisals** to be channeled to **Public Service Commission**

PART 1: PERSONAL PARTICULARS (To be completed by the Appraisee but initiated by the Human Resource and Administration Department).

PERFORMANCE APPRAISAL

ANNUAL PERFORMANCE APPRAISAL FOR THE PERIOD:

(Month) **01ST JANUARY, 20....** TO (Month) **31ST DECEMBER, 20...**

SURNAME: OTHER NAMES:

JOB TITLE: SALARY GRADE:

DATE OF APPOINTMENT TO PRESENT POST:

MINISTRY/PROVINCE: **MINISTRY OF GENERAL EDUCATION, CENTRAL PROVINCE**

DEPARTMENT: **EDUCATION**

STATION: **SCHOOL**

PART 2: WORKPLAN AND PERFORMANCE (To be completed by Appraisee or Supervisor as indicated on the Individual Work Plan)

2.1 Job Purpose (To be completed by Appraisee as stated in the job description)

To teach effectively in order to impart relevant knowledge and skills

2.2 Individual Work Plan and Ratings

Note: Attach the duly completed Individual Work Plan.

2.3 **Comments by the Appraiser on targets: (as set in the Individual Work Plan)**

e) Achieved:

f) Not Achieved:

Signature: Date:

For Public Service
Management Division
Official use only

2.4 Comments by the Supervisor on targets;

g) Achieved:

h) Not Achieved:

Signature:.....Date:.....

2.5 Additional contributions made by the Appraiser to Ministry/Department (to be completed by the Supervisor)

Signature:.....Date:.....

PART 3: PERFORMANCE COMPETENCIES (To be completed by Supervisor using rating key* below)

3.1	<u>COMPETENCIES/ATTRIBUTES</u>	<u>Rating*</u>
h.	Management/Supervisory Skills:- Ability to guide others towards meeting set goals and objectives.	
i.	Job knowledge: Level of understanding and ability to apply knowledge and skill to perform the job.	
j.	Quality of Work: The degree to which an employee applies himself/herself in performing work to the required standards i.e. completes his/her work with accuracy, minimal error.	
k.	Promptness in completing assignments: Completing assignments on time.	
l.	Dependability: Ability to follow instructions, maintain good conduct, time-keeping and devotion to government duties.	
m.	Accountability: Willingness to shoulder responsibility and to be answerable for the achievement/non achievement of objective.	
n.	Initiative and Creativity: Ability to be innovative, resourceful, creative, promote new ideas and resolve problems within or outside set guidelines.	
h.	Communication skills: Ability to communicate effectively both orally and in writing.	
k.	Tact and Courtesy: The employee's sensitivity, integrity, politeness and temperament in dealing with others.	
l.	Attitude: Interest shown towards the job.	
k.	Adaptability: Ability to copy with ideas, work environment, technologies as well as ability to get along with superiors, peers and subordinates.	
l.	Team work: Co-operation with fellow workers and supervisors and promoting an environment which Encourages open communication and consensus.	

Overall Rating Competencies/Attributes**

3.3 What type of follow-up action do you recommend for the appraisee?

For Public Service
Management
Division
Official Use
Only

Date:.....Signature:.....

Name:.....Job Title:.....

*Rating key Outstanding = 4 Good = 3 Fair = 2 Poor = 1 Non Applicable = X
 **Overall rating on Competencies/Attributes is total rating divided by the number of Competencies/ Attributes rated.

PART 4: COMMENTS ON APPRAISAL

- 4.4 Comments by Appraisee.
The appraisal ratings and comments were discussed with my Supervisor and my comments are:

Date:

Signature:.....

- 4.5 Comments by Countersigning Officer (Refer to paragraph 13 of the user Guide. Delete which is not applicable)
I, as countersigning officer, agree/disagree with the appraisal made by the supervisor because of the following reasons:

Signature:.....Name:.....

Title:.....Date:.....

- 4.6 **Comments by Permanent Secretary** (Delete which is not applicable)
I, Permanent Secretary, agree/disagree with the appraisal made by the supervisor because of the following reasons:

Signature:.....Name:.....

Date:.....